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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO)R	ATTORNEY DOCKET NO.	. CONFIRMATION NO.
10/009,532 TITLE OF INVENTION: (12/12/2001 CONTROLLED RELE	ASE AND TASTE MAS	Roberto Villa SKING ORAL PHARMA	CEUTICAL COMPO	-9623-V/VMF/AS DSITIONS 2551-/	4029
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	UE DATE DUE
nonprovisional	YES NO	\$720 \$144	10 ^{\$0}	\$0	\$720	10/24/2008
EXAMIN	Control of the Contro	ART UNIT	CLASS-SUBCLASS	7	\$1440	
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 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTE. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.			
(A) NAME OF ASSIGN COSMO TECH Please check the appropriate	EE HNOLOGIES LIN e assignee category or	AITED categories (will not be pr	(B) RESIDENCE: (CIT WICKLOW, IF inted on the patent):	Y and STATE OR CORELAND Individual Cor	DUNTRY) poration or other private g	group entity 🖵 Government
4a. The following fee(s) are ☐ Issue Fee ☐ Publication Fee (No s ☐ Advance Order - # of	small entity discount po	ermitted)	 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-0.120 (enclose an extra copy of this form). 			
5. Change in Entity Status a. Applicant claims S.			(If Necessary) ☑ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
	ublication Fee (if requ	ired) will not be accepted	from anyone other than	the applicant; a regist	ered attorney or agent; or	the assignee or other party in
Authorized Signature	Benoît	Cartel	Date _ August 25, 2008			
Typed or printed name	Benoît Castel	ALCONOMICS OF THE SERVICE STATES OF THE SERV	Registration No35,041			
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